

WAR TAKES HEAVY DEATH TOLL OF MILITARY SURGEONS

In Their Efforts to Save Life They Expose Themselves on the Actual Firing Line

By JOHN WALKER HARRINGTON

THE military surgeon, according to that revised art of war which began to be on a fateful August day three years ago, is no longer the neutral ministrant to the wounded. He is a leader of men, for he sustains the morale of troops, he restores the slightly injured as speedily as he may to the fighting line, and he fits his fellow soldiers for their trade.

Therefore he is marked for death by a savage foe just as though his scalpel were sword and his tourniquet were trigger. The military necessity of Kaiserism demands the torpedoing of the hospital ship, the shelling of the ambulance unit, the bombing of the dugout where the maimed are in refuge. Hence it is that in this tragedy of Europe the casualties in the medical profession have been much greater than in any other war, for they are relatively equal to the mortality among officers of the line and greatly exceed that of the staff.

The army surgeon, whether he be with troops in the charge or far back from the front, is exposed to peril, for in these days of long range weapons safety is not assured by distance nor by the dictates of humanity. The surgeon volunteers who are going from this country to fill the depleted ranks of their brethren abroad are therefore knights of the Great Adventure whose chivalry is a rally of self-sacrifice.

The army surgeon of the new order was revealed last Thursday at the medical college of Cornell University in a lecture delivered by Col. Goodwin, D. O., an officer of the Royal Army Medical Corps of Great Britain, who has been on the western front ever since the war began. To the observations of Dr. Goodwin are added those of prominent surgeons of this city who have themselves been on the firing line with the Allies and of one who saw the work of the legions of the modern hospitaliers.

Surgeons at the Forefront.

The lecture delivered by Col. Goodwin is substantially the same as that he gave before the Army Medical School in Washington a few days ago and of which as much was printed by the *Military Surgeon* as the exigencies of the service permitted.

The cause of the toll of death among the surgeons serving in France became apparent before Col. Goodwin had proceeded far with his address, for the regimental aid surgeons are in reality fighting men themselves and go armed with revolvers.

"When the battalion is ordered to attack," said Col. Goodwin in a calm, even voice, "the regimental medical officer should, as far as possible, keep near the commanding officer and move forward with him. If the attack is successful there will be a certain number of wounded in No Man's Land."

The medical officer should direct each of these who are able to walk to go back, taking shelter as much as possible, until they meet the stretcher bearers of the field ambulance division who are coming up behind. Those wounded who are unable to move should be placed in shelter, in shell craters or trenches, and first aid performed as rapidly as possible.

"The medical officer should not delay," he said at all cost keep in touch with his battalion and move forward with it. His presence in the newly won trenches will be of immense moral value. He can forthwith set about improving a regimental aid post, improving shelters for the wounded and attending to casualties as they occur. He should take every opportunity to get in communication either by telephone or messenger with the field ambulance bearer division, which will now, under a pretty heavy shell fire, be clearing the wounded from the area through which he has just come."

Some one asked Col. Goodwin how it would be possible for a regimental officer advancing with a battalion to attend to so many wounded.

"He can do first aid," was the answer, "but he should endeavor to move forward with his battalion. He can, as a rule, place wounded men in fairly good shelter, and if he can do that

with every man he should congratulate himself.

"If he had fifty cases, twenty-five would probably be more serious. He cannot manage twenty-five cases without taking at least twenty minutes. He cannot delay long, however, as the battalion is probably going into the next trench, and he must at all costs endeavor to be with them."

"I grant that it is difficult indeed, but we have to do our best. There has been the suggestion to abolish the post of medical officer with the battalion, but I am personally very much opposed to that."

"What about the barrage, Colonel?" asked one of the listeners.

"You get quite a certain number of men killed by this barrage fire in No Man's Land," replied Dr. Goodwin. "It is going on the whole time, of course, but it is astonishing the number of men that you can get safely back through the communicating trenches."

"Out of a total of 6,000 casualties you will probably get back 4,000 to 5,000 right away to the clearing station. Sometimes the wounded have to stay in the front area all day in the dugouts and then when the fire decreases at night you get them back. Sometimes it seems impossible, but you can manage to do it."

Speaking of the field ambulance, Col. Goodwin said that it was largely composed of newly commissioned officers with men under them who are little more than boys.

"They go cheerfully and quietly forward," he added, "into positions which can only be described as unmitigated hell."

Dr. Goodwin then tersely laid down some general axioms for the guidance of the surgeon in the field and put special stress upon this:

"Keep cheerful. Your mental attitude will have considerable effect upon the men."

Medical Corps Heroes.

Although as the organization of the war hospitals proceeds there may be comparative safety for the surgeons at the bases, the ranks of the profession are being constantly depleted by the demand for first aid on the firing line. This is the duty of the regimental medical officers, to whom Dr. Goodwin refers, and among these there has been the greatest loss of life.

When the war began many of the best surgeons of both England and France were sent to the furthest front. So many of the profession have lost their lives that in these days when a skilled and experienced surgeon is worth as much to an army as a Colonel, to quote the words of Dr. Frederick H. Albee, who has recently returned to this city from the European front, every effort is being made to protect the surgeons.

Army surgeons who are serving with the battalions are instructed to fall back in the event of a retreat and not to try to stay with the wounded, as their capture would deprive the service of their help in the restoration of the slightly wounded to the fighting line.

Turning over the pages of the London *Lancet* brings to light column after column of casualties among the army surgeons. A special department is devoted to the losses sustained by the medical personnel each week. Both old and young are on the muster roll of death.

Here, for instance, is the record of Capt. Joseph Ellis Milne, "killed in action in France." He met death at his hands in the first trench, where he had given instructions that no wounded man was to be removed unless he had first seen him.

Capt. Hamilton Mathewson, a physician of the Medical Corps, as was Capt. Milne, was mortally wounded by a German sniper as he was attempting to aid a wounded man in front of the firing line. He died in four days.

It is set down that Lieut. Thomas Jones, M. D., was killed in action because he insisted on ministering to men who were so seriously wounded that they could not take shelter from shell fire which he lay down. He was killed while striving to drag a wounded soldier from No Man's Land.

War Honors Won.

Together with the chronicles of death in the discharge of duties go many records of rewards for personal bravery. There are hundreds of the British army surgeons who have won a place in the Distinguished Service Order and many have received decorations for bravery both from England and France.

Conspicuous for gallantry on the field of battle is Dr. David E. Wheeler, son of Everett P. Wheeler, a lawyer of this city.

Dr. Wheeler was practicing his profession in Buffalo at the outbreak of the European war. He was the first of the American surgeons whom the Swiss sent to France with money supplied for that purpose by the Duchesse de Dalmat. After service in several battles he enlisted as a private in the Foreign Legion, where he acted also as a regimental surgeon.

Dr. Wheeler performed his duties with especial coolness and bravery at the battle of Champagne, where he was badly wounded in the leg by a fragment of shell. Although suffering agony, as bones were shattered, he crawled back from the front for four miles, stopping on his way to give first aid to wounded comrades or to administer hypodermic injections of morphine to ease their pain. For this deed he received from the French Government the Croix de Guerre. After recovering from his wounds he spent three months working for the American Ambulance at Neuilly and he is now attached to the military hospital in Reading, England.

One of the heroes of the war is Temporary Surgeon Harold Boulton, D. S. O., and also the wearer of the Croix de Guerre avec palmes, bestowed upon him by the President of France for conspicuous gallantry and devotion to duty. He persisted in remaining in the open with the wounded under heavy fire and at great risk gave first aid and remained at his work until all the injured were removed.

In the accounts of deaths of the British army surgeons there occasionally appears a line to the effect that they died from pneumonia or some disease due to exhaustion or exposure, but generally the story is one of violent death. There are found such references as these: "His death was due to a chance shell which hit him while at work just behind the firing line."

Lord Northcliffe in his recent book "At the War" devotes a chapter to the army surgeons, who within the danger zone and often in dugouts and underground hospitals directly on the firing line were dressing the wounds of men just brought from the trenches. In one case a section of captured German trench work had been converted into a subterranean hospital, to which the men were brought for the first dressing of their wounds.

The enemy had evidently the range of the place, for within a few minutes shells had been planted near each of the four corners. This may have been the view of destroying it, or again there may have been enough grim humor on the part of the Germans to notify the English to be good. The whole scheme under which the wounded are removed from the field of battle and sent to places of at least comparative safety puts tremendous work and responsibility on the modern army surgeon. First of all are the regimental aid posts in the thickest of



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the fight, where there is time only for the attentions from the medical officer.

All cases are taken back to an advanced dressing station or to points at which motor or horse drawn ambulances are available. At such advanced stations the surgeons rapidly dressings when necessary, sorting the cases into groups and forwarding the severely wounded to the main casualty station and those of slighter nature to the corps main dressing room. Every sufferer before he gets as far back as the casualty station receives an injection of 500 units of anti-tetanic serum, and at the base hospital a second injection is given.

The fact that there are so many agencies for the relief of the wounded within what is really a danger zone is commented upon in the recent report prepared by Dr. Charles L. Gibson for the New York Hospital, where he is attending surgeon. Dr. Gibson has lately been at the front both in France and Belgium.

"The close proximity to the trenches,"

he says, "of a thoroughly equipped and organized institution, comprising a picked personnel and the highest possible surgical skill, means giving to the unfortunate victims of the war the maximum of relief. In most cases the promptness with which the effects of the dangerous wounds are remedied renders possible the saving of not only a life but prevents great disability and suffering."

"As a typical example of the perfection of the system I saw a soldier who at 3 o'clock in the afternoon received

a shell wound while serving in the trenches. He was promptly carried to the dressing station, where he received first aid dressing, was brought to La Panne by a skilfully driven automobile ambulance, notwithstanding the possibilities of being hit on the way, was examined by Prof. Depage in person. X-rayed, surgically cleansed, anesthetized and operated upon at once with the aid of the X-ray plate which had been promptly delivered. After fragments of shell which had been deeply embedded in the tissues

were removed he was put to bed and at 6:30 o'clock that very evening he was ready to begin a comfortable and uneventful convalescence."

Danger Zone Is Wide.

The old surgery, it is true, sharpened its scalpels and knives on its germ laden shoe soles, and practically every wound suppurated. The surgery of to-day, what with the life of the soldier infected clothing and other dirt carried into wounds, has a greater problem to deal with, and yet so

promptly are wounds disinfected that the percentage of the wounded who die is small as compared with the victims of our own civil war. But the work requires that the surgeon of the army shall not only be on the job at the firing line but at stations which are not far back of it.

A study of the casualties in the British service shows that many of the surgeons were slain near ambulances or at dressing stations by chance shells. Dr. Patrick J. H. Parrell in his recent paper on "The Military Surgeon on the Firing Line" comments on the greater dangers which the profession now undergoes as compared with the perils of the earlier wars.

If a hospital is situated within eight or ten miles of a battle front, so formidable is modern artillery, it is really in a danger zone. It is impossible, therefore, to get beyond the actual line of fire for those surgeons who are in reality military officers and are expected to encourage, renew and repair the personnel of the army.

Thirty to forty miles away from the actual theatre of the fighting are the great base hospitals where there is

leisure for the performing of intricate operations. Here, unless there is some sudden shift in the fortunes of war, the surgeon is in safety. In France alone there are 600,000 patients in these base hospitals who are under the care of skilled specialists.

American Doctors Volunteer.

Some idea of the casualties in the Royal Medical Corps is conveyed by figures for the last three months, 1916, which show that 58 officers were killed, 208 wounded and four missing. Of the men attached to this corps as bearers and drivers 250 were killed and 1,212 were wounded, while 100 were reported as missing. In the corps alone, including physicians, surgeons and the enlisted men, there are more than all the original expeditionary force.

These figures do not include the surgeons and physicians of the British Red Cross and of the Order of the Knights of St. John of Jerusalem.

The record shows, as one follows week in and week out in the *Lancet* and similar publications, that the greater number of the men who were killed while serving as surgeons at the front, left highly lucrative practices in their profession in London, in Montreal in Melbourne and in other large cities of the British dominions. Not only England herself, but her colonies are without sufficient medical attendance to aid them in time of peace under normal conditions.

Thousands of practitioners in this country, including many who have abandoned fine practices in the city of New York, are closing their offices and joining the army. The muster roll of Fort Benjamin Harrison, at Indianapolis, shows that many an office in this metropolis has been closed and that its former tenant is now making his preparations for service with the armies.

Leaders in the profession in New York are ready to pack up and to be Pershing at the head of units which have been prepared with the greatest care.

All recognize that upon them rests the task of renewing the life of the army, of preventing wastage and of keeping up the fighting edge. They go as officers on a mission of inspiration and help, and if degrees of chivalry there be, surely they will find the highest among their brother knights of the Great Adventure.

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Many Honored for Heroism—American Medical Men Prepare to Follow Example of British Colleagues

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